

# Sheet Metal Worker

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a **Sheet Metal Worker** from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours, spending the following percentage of the time at the tasks below:

Design, Fabricate Ductwork	_____ %
Assemble, Install Ductwork	_____ %
Install and Balance Systems	_____ %
Welding, Soldering	_____ %
Stainless Steel Work	_____ %
Aluminum Work	_____ %
Roof Work – Capping, Cladding, Flashing, Gutter	_____ %
Insulating Ductwork	_____ %
General Sheet Metal Work	_____ %
Plastics Work	_____ %
Other (Please specify)	_____ %
_____	_____ %
_____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with during this time period: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is required, please add an additional sheet.)

\_\_\_\_\_  
Print name of Company Representative

\_\_\_\_\_  
Position of Company Representative

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date